



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/591,769
		Filing Date	June 12, 2000
		First Named Inventor	Alain T. Rappaport
		Art Unit	3626
		Examiner Name	Porter, Rachel L.
Total Number of Pages in This Submission	30	Attorney Docket Number	4239P001

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <div style="margin-left: 20px;"><input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)</div> <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"><input type="checkbox"/> PTO/SB/08</div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <div style="margin-left: 20px;"><input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA</div> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; text-align: center;">           Return postcard.  <b>RE</b>            SEP 10 2004  <b>GROUP 3600</b> </div>	
			<input type="checkbox"/>	
Remarks				

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark R. Valuone Reg. No. 53,719, Reg. No. 53,719 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	September 2, 2004

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Vineta T. Tufono		
Signature		Date	September 2, 2004



# ~~FEES & TRADE DUTIES~~ FEE TRANSMITTAL for FY 2004

*Effective 01/01/2004. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 55.00)

Complete if Known	
Application Number	09/591,769
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**METHOD OF PAYMENT** (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

**Deposit  
Account  
Number** 02-2666

**The Commissioner is authorized to:** (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account

## **FEE CALCULATION**

## **1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>			<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

## **2. EXTRA CLAIM FEES**

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="text"/>	$56^{**}$ 8	<input type="text"/> X <input type="text"/> X	<input type="text"/> = <input type="text"/> =
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

The number previously paid, if greater. For Reissues, see below.

**Complete (if applicable)**

**SUBMITTED BY** *Mark R. Vatuone* **Complete (if applicable)**

Name (Print/Type)	Mark R. Vatuone Reg. No. 53,719	Registration No. (Attorney/Agent)	53,719	Telephone	(408) 947-8200
Signature	<i>Mark R. Vatuone</i>			Date	09/02/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 02/10/2004.  
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